PAGE 1 / 24

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1

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than A	n Authorized Committee	Office U	Jse Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	ype 12FE4M5	
Balance of Power PAC	<b>,</b>			
ADDRESS (number and street)	PO Box 4351-732			
Check if different				
than previously reported. (ACC)	Hollywood		CA 9007	8
2. FEC IDENTIFICATION NU	JMBER ▼	CITY ▲	STATE ▲	ZIP CODE ▲
C C00559765		3. IS THIS REPORT X (N)	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:		20 (M5) Aug 20 (M8) 20 (M6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			0 (M7) Oct 20 (M10)	(Non-Election Year Only)
April 15 Quarterly Report (Q	(21)			
July 15 Quarterly Report (Q	(c) 12-Day PRE-Elec		General (12G)	Runoff (12R)
October 15 Quarterly Report (Q	Report fo	r the: Convention (12C)	Special (12S)	
X January 31 Year-End Report (Y	Œ)	Election on	D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Ele Report fo	` '	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	/ Y = Y = Y = Y	in the State of
5. Covering Period 07		2015 through		)15
I certify that I have examined th	is Report and to the	best of my knowledge and belie	f it is true, correct and comple	ete.
Type or Print Name of Treasure	r Sam Deskin			
Signature of Treasurer Sam I	Deskin	[Electronically File		3 2016
NOTE: Submission of false, errone	eous, or incomplete inf	formation may subject the person s	signing this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Balance of Power PAC** 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1533.40 January 1, 2015 (b) Cash on Hand at 10906.64 Beginning of Reporting Period..... 19155.68 1763.40 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12670.04 20689.08 6(a) and 6(c) for Column B)..... 2027.83 10046.87 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 10642.21 10642.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 12957.46 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

_		_		_	-		_
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	$\boldsymbol{\vdash}$		wei	$-\omega$	OI.	111しに	Dal

Report Covering the Period: From: 07	01 2015	To: 12 31 2015
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	882.24	4683.24
(i) Normzou (use seriodale / i)		
(ii) Unitemized	881.16	14322.44
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1763.40	19005.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1763.40	19005.68
Totals to Line 33, page 5)	1703.40	19003.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
s. All Loans Received	7	7
	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	150.00
6. Refunds of Contributions Made	7 7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		7
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1763.40	19155.6
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1763.40	19155.6
(Sastast Ellis 15(5) Holli Ellis 15)	7	10100

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Allocated Federal/Non-Federal	1000 1110	Calelidai Teal-to-Date
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
` '	Expenditures	2007.67	10026.71
(c)	1 3 1		
т	(add 21(a)(i), (a)(ii), and (b))▶	2007.67	10026.71
	nsfers to Affiliated/Other Party mmittees	0.00	0.00
Co	ntributions to deral Candidates/Committees		
and	d Other Political Committees	0.00	0.00
	ependent Expenditures	0.00	0.00
Co	e Schedule E)ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
(uS	o Gonodule 1 J		0.00
Loa	an Repayments Made	0.00	0.00
Los	ans Made	0.00	0.00
Re	funds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	20.16	20.16
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
	(34611 43 17103)	0.00	
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	20.16	20.16
O+1	nov Dishuvoomouto	0.00	0.00
Oth	ner Disbursements	0.00	0.00
Fed	deral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6)		0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
(-)	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Tot	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	2027.83	10046.87
	, -,,,(-), 3 00(0))	2021.00	10040.07
Tot	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)		
fror	m Line 31)	2027.83	10046.87

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1763.40	19005.68
4. Total Contribution Refunds (from Line 28(d))	20.16	20.16
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1743.24	18985.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2007.67	10026.71
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	150.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	2007.67	9876.71

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

24

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Jennifer Haughton Date of Receipt Mailing Address 109 Water Street 2015 10 02 City Zip Code State Transaction ID: VNHWME27N35 MD Severna Park 21146 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation none homaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 07 05 2015 City State Zip Code Transaction ID: VNHWMDY2Q24 IL Grayslake 60030-9631 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 02 80 2015 City State Zip Code Transaction ID: VNHWMDZ5EE4 IL Grayslake 60030-9631 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 7 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 30 2015 08 City State Zip Code Transaction ID: VNHWME0RH79 60030-9631 Grayslake IL Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 09 27 2015 City State Zip Code Transaction ID: VNHWME1YGH5 IL Grayslake 60030-9631 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 10 25 2015 City State Zip Code Transaction ID: VNHWME3JCF1 IL Grayslake 60030-9631 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: **PAGE** 8 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 2015 11 City State Zip Code Transaction ID: VNHWME4XR87 60030-9631 Grayslake IL Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joan Herbst Date of Receipt Mailing Address 3243 Whirlaway Ct 12 20 2015 City State Zip Code Transaction ID: VNHWME64ZW8 IL Grayslake 60030-9631 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation retired retired teacher Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 05 07 2015 City State Zip Code Transaction ID: VNHWMDY2V49 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing 20.16 С federal political committee. Name of Employer Occupation Senior Citizen Center **DeKalb County** Receipt For: Aggregate Year-to-Date ▼ Primary General 80.64 Other (specify) 120.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 2015 08 02 City Zip Code State Transaction ID: VNHWMDZ64R0 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing C 20.16 federal political committee. Name of Employer Occupation Senior Citizen Center **DeKalb County** Receipt For: Aggregate Year-to-Date ▼ Primary General 100.80 Other (specify) Full Name (Last, First, Middle Initial) B. Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 08 30 2015 City State Zip Code Transaction ID: VNHWME0RH53 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing 20.16 federal political committee. Name of Employer Occupation **DeKalb County** Senior Citizen Center Receipt For: Aggregate Year-to-Date ▼ Primary General 120.96 Other (specify) Full Name (Last, First, Middle Initial) **c.** Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 09 27 2015 City State Zip Code Transaction ID: VNHWME1YH37 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing 20.16 С federal political committee. Name of Employer Occupation Senior Citizen Center **DeKalb County** Receipt For: Aggregate Year-to-Date ▼ Primary General 141.12 Other (specify) 60.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 10 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 2015 10 25 City Zip Code State Transaction ID: VNHWME3JCV4 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing C 20.16 federal political committee. Name of Employer Occupation Senior Citizen Center **DeKalb County** Receipt For: Aggregate Year-to-Date ▼ Primary General 161.28 Other (specify) Full Name (Last, First, Middle Initial) B. Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 11 22 2015 City State Zip Code Transaction ID: VNHWME4XND0 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing 20.16 federal political committee. Name of Employer Occupation **DeKalb County** Senior Citizen Center Receipt For: Aggregate Year-to-Date ▼ Primary General 181.44 Other (specify) Full Name (Last, First, Middle Initial) **c.** Victoria Kingsland Date of Receipt Mailing Address 874 Heritage PI 20 12 2015 City State Zip Code Transaction ID: VNHWME64ZV0 GA Decatur 30033-4104 Amount of Each Receipt this Period FEC ID number of contributing 20.16 С federal political committee. Name of Employer Occupation Senior Citizen Center **DeKalb County** Receipt For: Aggregate Year-to-Date ▼ Primary General 201.60 Other (specify) 60.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 11 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Pan Vera Date of Receipt Mailing Address 5 S Main St Ste 318 05 2015 City State Zip Code Transaction ID: VNHWMDY2R76 05001-7416 VT White River Junction Amount of Each Receipt this Period FEC ID number of contributing 20.16 federal political committee. Name of Employer Occupation IT Coordinator Center for Nonviolent Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 60.48 Other (specify) Full Name (Last, First, Middle Initial) B. Pan Vera Date of Receipt Mailing Address 5 S Main St Ste 318 08 02 2015 City State Zip Code Transaction ID: VNHWMDZ6535 VT White River Junction 05001-7416 Amount of Each Receipt this Period FEC ID number of contributing 20.16 federal political committee. Name of Employer Occupation Center for Nonviolent Communication IT Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 80.64 Other (specify) Full Name (Last, First, Middle Initial) c. Pan Vera Date of Receipt Mailing Address 5 S Main St 30 80 2015 Ste 318 City State Zip Code Transaction ID: VNHWME0RH29 White River Junction VT 05001-7416 Amount of Each Receipt this Period FEC ID number of contributing 20.16 С federal political committee. Name of Employer Occupation IT Coordinator Center for Nonviolent Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 100.80 Other (specify) 60.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X       11a       11b       11c       12       13       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Balance of Power PAC		
Full Name (Last, First, Middle Initial) Pan Vera  Mailing Address 5 S Main St Ste 318  City White River Junction  FEC ID number of contributing federal political committee.  Name of Employer Center for Nonviolent Communication Receipt For: Primary General Other (specify)	State Zip Code VT 05001-7416  C  Occupation IT Coordinator  Aggregate Year-to-Date ▼	Date of Receipt  99 27 2015  Transaction ID: VNHWME1YH11  Amount of Each Receipt this Period  20.16
Full Name (Last, First, Middle Initial) Pan Vera  Mailing Address 5 S Main St Ste 318  City White River Junction  FEC ID number of contributing	State Zip Code VT 05001-7416	Date of Receipt  10 25 2015  Transaction ID: VNHWME3JCX0  Amount of Each Receipt this Period  20.16
Receipt For:  Primary  Other (specify)   General	Occupation IT Coordinator  Aggregate Year-to-Date ▼  141.12	
Full Name (Last, First, Middle Initial)  Pan Vera  Mailing Address 5 S Main St Ste 318  City White River Junction  FEC ID number of contributing federal political committee.  Name of Employer  Center for Nonviolent Communication  Receipt For: Primary General Other (specify)	State Zip Code VT 05001-7416  C  Occupation IT Coordinator  Aggregate Year-to-Date ▼  161.28	Date of Receipt  11 22 2015  Transaction ID: VNHWME4XMT3  Amount of Each Receipt this Period  20.16
SUBTOTAL of Receipts This Page (optional)	•	60.48
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 13 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Balance of Power PAC** Full Name (Last, First, Middle Initial) Pan Vera Date of Receipt Mailing Address 5 S Main St Ste 318 20 2015 12 City State Zip Code Transaction ID: VNHWME64ZT2 VT 05001-7416 White River Junction Amount of Each Receipt this Period FEC ID number of contributing C 20.16 federal political committee. Name of Employer Occupation IT Coordinator Center for Nonviolent Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 181.44 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20.16 SUBTOTAL of Receipts This Page (optional)..... 882.24 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Hoo camerate	o o du l = / - \	FOR LINE NUMBER: PAGE			14 OF			
ITEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	y of the	(check only 21b 27				25 29	26	
Any information copied from such Reports and Statem			d by any perso	n for the p	urpose o		contributi	ions	
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Balance of Power PAC	e and address of a	any politica	committee to	SOIICIT CONT	ributions	from such	committe	ee	
Full Name (Last, First, Middle Initial)									
A. Direct Connect				Date of					
Mailing Address 3901 Centerview Dr Ste W				0 <b>7</b>	02		2015	Y	
•	State Zip Co VA 20151			Transa	ction ID	: VNGXCA0	MMB4		
Chantilly Purpose of Disbursement	VA 20151	1-3229							
Credit card processing fee				Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name			Category/ Type		-		45.	.80	
Senate President	nent For: 2014 Primary G Other (specify)	General							
State: District:									
Full Name (Last, First, Middle Initial)  B. Direct Connect				Date of					
Mailing Address 3901 Centerview Dr Ste W				08	03		2015	Y	
Chantilly	State Zip Co VA 2015	ode 1-3229		Transa	ction ID	: VNGXCA	MMC2		
Purpose of Disbursement Credit card processing fee				Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name			Category/ Type		,		16.	.77	
Senate	nent For: 2014  Primary G  Other (specify)	General							
Full Name (Last, First, Middle Initial)  C. Direct Connect				Date of	Disburse				
Mailing Address 3901 Centerview Dr Ste W				09	02		2015	Y	
Chantilly	State Zip Co VA 20151	ode 1-3229		Transa	ction ID	: VNGXCA	MMD0		
Purpose of Disbursement Credit card processing fee Candidate Name				Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name			Category/ Type				23.	.77	
Senate	nent For: 2014  Primary G  Other (specify)	General			4				
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).					7	7	86.	34	

SCHEDULE B (FEC Form 3X)	110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	for each category of the				
	Detailed Summary Page	27	22 23 24 25 2 28a 28b 28c 29 3			
Any information copied from such Reports and Sta	tements may not be sold or use					
or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
Balance of Power PAC						
Full Name (Last, First, Middle Initial)						
A. Direct Connect			Date of Disbursement			
Mailing Address 3901 Centerview Dr			10 02 2015			
Ste W						
City Chantilly	State Zip Code VA 20151-3229		Transaction ID : VNGXCA0MME8			
Purpose of Disbursement	VA 20151-3229					
Credit card processing fee			Amount of Each Disbursement this Period			
Candidate Name		Category/	14.05			
Office Sought: House Disbur	sement For: 2014	Туре	,			
Senate Sought.	Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)  B. Direct Connect			Date of Disbursement			
5. Direct Connect			M M / D D / Y Y Y Y			
Mailing Address 3901 Centerview Dr Ste W			11 02 2015			
City Chantilly	State Zip Code VA 20151-3229		Transaction ID : VNGXCA0MMF5			
Purpose of Disbursement Credit card processing fee			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	32.54			
	sement For: 2014  Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
C. Direct Connect			Date of Disbursement			
Mailing Address 3901 Centerview Dr			12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Ste W City	State Zip Code					
Chantilly	VA 20151-3229		Transaction ID : VNGXCA0MMG3			
Purpose of Disbursement Credit card processing fee						
Candidate Name		Category/	Amount of Each Disbursement this Period 104.82			
Office Sought: House Disbur	sement For: 2014	Туре	7			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optiona	l)		151.41			
	,					
TOTAL This Period (last page this line number or	nly)					

SCHEDULE B (FEC Form 3X)	Lloo ogranata	bodul-(-)	da(a)   Tott Eine Nowbert.			16 OF	= 24	
ITEMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	26
Any information copied from such Reports and States or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)  Balance of Power PAC	ne and address of	arry politica	r commutee to	SOIICIT COIT	IIIDUIIOIIS	TIOTH SUCH	Millittee	<del></del>
Full Name (Last, First, Middle Initial)				Data of	Disburse	mont		
A. Mail & More				M M	/ D		Y	
Mailing Address 2355 Westwood Blvd				07	17	7	2015	
	State Zip C			Transa	action ID	: VNGXCA0	MMH1	
Los Angeles Purpose of Disbursement	CA 9006	4-2109						
PO Box				Amount	of Each	Disburseme	nt this Pe	eriod
Candidate Name			Category/				87.3	36
Office Sought: House Disburse	ment For: 2014		Туре		-			
-		General						
State: District:								
Full Name (Last, First, Middle Initial)								
B. Mail & More					Disburse			
Mailing Address 2355 Westwood Blvd				11	20		2015	
City Los Angeles	State Zip C	ode 4-2109		Transa	action ID	: VNGXCA0	MMJ9	
Purpose of Disbursement PO Box	OA 9000	4-2109						
Candidate Name				Amount	of Each	Disburseme	nt this Pe	eriod
Candidate Name			Category/ Type				92.5	56
	nent For: 2014 Primary Other (specify)	General	71		,	,		
Full Name (Last, First, Middle Initial)  C. NGP Van, Inc.				Date of	Disburse	ment		
Mailing Address 1101 15th St NW Ste 500				07	02		2015	
	State Zip C	ode		Trans	action ID	: VNGXCA0	MM56	
Washington Purpose of Disbursement	DC 2000s	5-5006		Hans	action iD	. VNGACAU	IAUAIO	
Computer support				Amount	of Each	Disburseme	at this De	oriod
Candidate Name			Category/ Type	Amount	OI Lacii	Disbuisemen	210.0	
Office Sought:    House   Disburse	ment For: 2014 Primary Other (specify)	General			-,	7		
SUBTOTAL of Disbursements This Page (optional)			·····	Ţ.	-		389.9	12
TOTAL This Period (last page this line number only	)						1 (5)	

SCHEDULE B (FEC Form 3X)	Hee server	) ob oct :   - \	ula(a)   TOTT EINE TOWNBETT.			17 0	F 24	
ITEMIZED DISBURSEMENTS	Use separate s	ory of the	(check only	(check only one)			25	26
	Detailed Summ	nary Page	27	28a	23 28b	24 28c	29	30
Any information copied from such Reports and Stater								
or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
Balance of Power PAC								
Full Name (Last, First, Middle Initial)					D: :	_		
A. NGP Van, Inc.					Disburse			
Mailing Address 1101 15th St NW				08	02		2015	Y
Ste 500								
•		Code		Transa	ction ID	: VNGXCA	)MM64	
Washington Purpose of Disbursement	200	05-5006						
Computer support				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				210.	00
Office Squaht	ment For: 5-		Type		-7-		∠10.	50
	ment For: 2014 Primary	General						
President	Other (specify)							
State: District:		· 						_
Full Name (Last, First, Middle Initial)								
B. NGP Van, Inc.					Disburse			
Mailing Address 4404 45th CANNA				м = м 09	/ D 0		2015	Y
Mailing Address 1101 15th St NW Ste 500				U9	Ū		2010	
City Washington		Code 05-5006		Transa	ction ID	: VNGXCA	)MM72	
Purpose of Disbursement	200	.55 5000						
Computer support				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				210.	00
Office Sought: House Disburser	ment For: 2014		Туре		- 7	7		_
	Primary	General						
President	Other (specify)	▼						
State: District:								
Full Name (Last, First, Middle Initial)				Date of	Disburse	ment		
C. NGP Van, Inc.				M M	/ Disburse		Y	Y
Mailing Address 1101 15th St NW				10	02		2015	
Ste 500	Ctoto -	Cod-						
City Washington		Code 05-5006		Transa	ction ID	: VNGXCA	08MM(	
Purpose of Disbursement	200							
Computer support				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				210.	00
Office Sought: House Disburser	ment For: 2014		Туре		7			_
Senate Sought.	Primary	General						
President	Other (specify)							
State: District:								
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SUBTOTAL of Disbursements This Page (optional)			······				630.0	UU
TOTAL This Period (last page this line number only)								
I CIAL THIS I CHOO (last page this line humber only)	1				1 200 1	1 (0) 1	100	

## 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				18 (	OF 24			
ITEMIZED DISBURSEMENTS	Use separate sched for each category of		(check only	one)			04 🗆 05			
	Detailed Summary	Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b		
Any information copied from such Reports and Staten	ente may not be cal	d or used								
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Balance of Power PAC										
Full Name (Last, First, Middle Initial)				<b>D</b>	D: 1					
A. NGP Van, Inc.					Disburseme					
Mailing Address 1101 15th St NW				11	02		2015	Y		
Ste 500										
•	State Zip Code DC 20005-5			Transa	ction ID : \	/NGXCA0	MM98			
Washington Purpose of Disbursement	DC 20005-5	0006								
Computer support				Amount	of Each Di	sburseme	nt this	Period		
Candidate Name			Category/				047	0.00		
			Type		-	-	21(	0.00		
	nent For: 2014	aaral								
Senate President	Primary Ger Other (specify) ▼	neral								
State: District:	Calor (opcoiny) ▼									
Full Name (Last, First, Middle Initial)										
B. NGP Van, Inc.				Date of	Disburseme	ent				
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Mailing Address 1101 15th St NW Ste 500				12	02		2015			
City S Washington	State Zip Code DC 20005-5			Transa	action ID : \	VNGXCA	MMA6			
Purpose of Disbursement	20003-3	0000								
Computer support				Amount	of Each Di	sburseme	nt this	Period		
Candidate Name			Category/				210	0.00		
Office County   House			Туре		7	7	210	3.00		
	nent For: 2014 Primary Ger	neral								
President	Other (specify)	iciai								
State: District:	•									
Full Name (Last, First, Middle Initial)										
C. Sandler, Reiff, Lamb, Rosenstein 8	Birkenstock, F	PC		Date of	Disburseme	ent				
Mailing Address 1025 Vermont Ave NW				м = м 08	/ D D D 26		y y y 2 2015	Y		
Ste 300				00	20	-	2013	_		
,	State Zip Code	e		Transa	action ID : \	/NGXCA(	MMK7			
Washington Purpose of Disbursement	DC 20005-6	302		Transc	iction ib .	VIVOXOA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Legal Services		lг		A	- ( E  - D'		and the facility	Desired		
Candidate Name			Catagony	Amount	of Each Di	sburseme	nt this	Perioa		
		'	Category/ Type		40. 1		330	0.00		
	nent For: 2014					,				
Senate	,	neral								
State: President District:	Other (specify) ▼									
State. District.										
SUBTOTAL of Disbursements This Page (optional)							750	0.00		
				_	,	- 1		=		
TOTAL This Period (last page this line number only)							2007	7.67		

SCHEDULE B (FEC Form 3X)	Hee consents as his district	FOR LINE	PAGE 19 OF 24		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	` `	(check only one)		
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30k	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)	··				
Balance of Power PAC					
Full Name (Last, First, Middle Initial)			Date of Disburse	omont	
A. Pan Vera			M M / D		
Mailing Address 5 S Main St Ste 318				21 2015	
City	State Zip Code				
White River Junction	VT 05001-7416		Transaction ID	: VNGXCA0J1T5	
Purpose of Disbursement Refund			Amount of Each	Disbursement this Period	
Candidate Name		Category/ Type		20.16	
Office Sought: House Disburse Senate	ement For:    Primary   General				
President	Other (specify)				
State: District:	, , , , ,				
Full Name (Last, First, Middle Initial)			Data of Disham		
В.			Date of Disburse		
Mailing Address			M = M / D	, y = y = y	
City	State Zip Code				
Purpose of Disbursement			Amount of Each	Disbursement this Period	
Candidate Name		Category/	Amount of Edon	Dissursement this 1 chod	
		Type	,		
	ement For:				
Senate President	Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disburse	am ant	
C.				D / Y Y Y Y	
Mailing Address			W = W 7 D		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type		Disbursement this Period	
Office Sought: House Disburse Senate President State: District:	ement For:    Primary	,,			
2.55.5					
SUBTOTAL of Disbursements This Page (optional)				20.16	
TOTAL This Desired (feet seems (f. ))	Δ			20.16	
TOTAL This Period (last page this line number only	/)			20.10	

## SCHEDULE C (FEC Form 3X)

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 24 PAGE 20 FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full) Balance of Power PAC		Transaction ID: VNHWMCMYB87L	
LOAN SOURCE Full Name (Last, Samuel Deskin	Election: Primary General		
Mailing Address 16944 Ventura Blvd Ofc	Other (specify)		
City Encino	State CA Z	ZIP Code 91316	
Original Amount of Loan	Cumulative Paym	nent To Date Balance Outstanding at Close of This Per	riod
100	0.00	0.00 1000.00	
TERMS	Dat	Por Control Pote	
Date Incurred  M 03 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y M = M / D = D	e Due Interest Rate Secured:  none % (apr)  Yes	No
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle In	iitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle In	iitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page  TOTALS This Period (last page in thi  Carry outstanding balance only to Li	s line only)		]

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 21 OF 24

FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage			
IAME OF COMMITTEE (In Full) Balance of Power PAC	Transaction ID : VNHWMCMYCD9L			
LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: Primary			
Samuel Deskill	General			
Mailing Address 16944 Ventura Blvd Ofc	Other (specify)			
	de 91316			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
100.00	0.00			
TERMS  Date Incurred  Date Due	latavast Data Casurad.			
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y =	Interest Rate Secured:			
03 01 2014	none none % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.			
	· · · · · · · · · · · · · · · · · · ·			

## SCHEDULE C (FEC Form 3X)

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 24 PAGE 22 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full	)		Transaction ID : VNHWMCMYCE7L		
Balance of Power PAC	•		Transaction ID . VINTIVINION LOE/L		
Jaianice of LOWELFAC					
LOAN SOURCE Full Name	(Last, First, Mic	ddle Initial)	Election:		
Samuel Deskin			Primary		
			General		
Mailing Address 16944 Ventu	ıra Blvd		Other (specify) ▼		
Ofc					
City Encino		State CA ZI	IP Code 91316		
Original Amount of Loan		Cumulative Payme	ent To Date Balance Outstanding at Close of This Perio		
			1000.00		
	1000.00		0.00		
TERMS					
Date Incurred		Date	Due Interest Rate Secured:		
03 / 01 / Y	2014	M = M / D = D /	none none % (apr) Yes X N		
List All Endorsers or Guara	antors (if anv) t	o Loan Source			
1. Full Name (Last, First, M			Name of Employer		
(					
Mailing Address			Occupation		
			Amount		
City	State	ZIP Code	Guaranteed		
			Outstanding:		
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
Maining / Idai 200			Сосирация		
			Amount		
City	State	ZIP Code	Guaranteed		
,			Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	State	ZIP Code	Guaranteed		
			Outstanding.		
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	Stata	ZIP Code	Amount Guaranteed		
City	State	ZIF GUUB	Outstanding:		
SUBTOTALS This Period This Page (ontional)					
SUBTOTALS This Period This Page (optional)					
OTALO TEL DE CEL ALE	the state the control				
<b>OTALS</b> This Period (last page	e in this line only	у)	······································		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					
any outstanding balance only to Live 3, scriedule D, for this line. If no scriedule D, carry forward to appropriate line of Summary.					

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 23 OF 24

FOR LINE 13 OF FORM 3X

		Dotailed Curimary	. 495
AME OF COMMITTEE (In Full)		٦	Transaction ID : VNHWMCMYCF5L
Balance of Power PAC			
LOAN SOURCE Full Name /Loct First	Middle Initial)		Election:
LOAN SOURCE Full Name (Last, First, Samuel Deskin	Middle initial)		Primary
Samuel Deskin			General
Mailing Address 16944 Ventura Blvd			Other (specify)
Mailing Address 16944 Ventura Blvd Ofc			(Span), •
City Encino	State CA ZIP Co	ode 91316	
Original Amount of Loan	Cumulative Payment To		Balance Outstanding at Close of This Period
Original / sindure of 25a	ournature : ayo	7 Buto	
1000.00		0.00	1000.00
TERMS			
Date Incurred	Date Due	VVV	
03 01 2014	M = M / D - D / .	none	none % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Amount Guaranteed	
	LII 0000	Outstanding:	, , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
		<u> </u>	
Mailing Address		Occupation	
		Amount	
City State	zIP Code	Guaranteed	
		Outstanding:	, ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
			1000.00
UBTOTALS This Period This Page (option	al)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>	3100.00
earry outstanding balance only to LINE 3,	Schodula D. for this line. If	no Schodule D. carry	forward to appropriate line of Summary
ally outstanding balance only to Line 3,	Schedule D, for this line. If	no Schedule D, Carry	iorward to appropriate line or Summary.

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 24
FOR LINE NUMBER: (check only one)

9 **X** 10

24 OF

	ME OF COMMITTEE (In Full)  Ilance of Power PAC	·	
,	A. Full Name (Last, First, Middle Initial) of Debto Samuel Deskin	Nature of Debt (Purpose): Domain Names, Consulting Fees, Web Development Fees	
Ī	Mailing Address 16944 Ventura Blvd Ofc		
	City State Encino	Zip Code CA 91316	
	Outstanding Balance Beginning This Period		Transaction ID : VNEYW9HAZE1
	9857.46		
	Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9857.46
	<ol><li>Full Name (Last, First, Middle Initial) of Debto</li></ol>	Nature of Debt (Purpose):	
1	Mailing Address		
(	City State	Zip Code	
	Outstanding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	2 F. II. Name (Last First Middle Little) of Date	0.00	
	C. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose):	
Ī	Mailing Address		
(	Dity	State Zip Code	
	Outstanding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)		9857.46
2)	TOTALS This Period (last page this line number	9857.46	
3)	TOTAL OUTSTANDING LOANS from Schedule	3100.00	
4)	ADD 2) and 3) and carry forward to appropriate	12957.46	